

**KENTUCKY BOARD OF LICENSURE
OF MARRIAGE AND FAMILY THERAPISTS**

(502) 564-3296 ext. 239

PO Box 1360

Frankfort, KY 40602

LICENSE REINSTATEMENT FORM

Your Marriage and Family Therapist license expired on the date indicated above. In accordance with KRS 335.340 the Board may approve to reinstate your license **within three years of the anniversary date of the issue of renewal**. Reinstatement may be requested with the completion and submission of this form, a reinstatement fee of \$100.00 plus \$110.00 annual renewal fee for each year since the date of last active licensure, and evidence of completion of the annual requirement of continuing education hours (fifteen [15] clock hours). The fee should be paid by check or money order made payable to the **Kentucky State Treasurer. DO NOT SEND CASH**. Please list on the back of this form the continuing education hours obtained, including course name, and complete date. **Please attach documentation to support the continuing education hours you have listed.**

PLEASE COMPLETE THE FOLLOWING (Please print or type):

1. Note changes in **Mailing Address** if different from above:

Name: _____

Address: _____

2. Present Business Address: **(Only if different from mailing address)**

3. Home Phone () _____ Business Phone () _____

4. License Number _____ Social Security Number _____

5. Have you been convicted of a felony or misdemeanor since the last renewal of your license? ____Yes ____No

If yes, what offense and give details _____

6. Has your License to be a Marriage and Family Therapist or any other professional credential in Kentucky or any other state been subject to disciplinary action? _____ Yes _____ No. If yes, give details,

CERTIFICATION AFFIDAVIT

I, the licensee named in the above, do certify under penalty of law that the information contained herein is true, correct, and complete to the best of my knowledge and belief. I am aware that, should investigation at any time disclose any such misrepresentation or falsification, my license could be subject to disciplinary action by the Kentucky Board of Licensure of Marriage and Family Therapists.

Date _____ Applicant's Signature _____

(Sign your name - Do not print or type)

(Please complete page 2)

Please complete the form below **INCLUDING COURSE NAME, DATE, AND HOURS OBTAINED.**
Incomplete forms will be returned: (It is your responsibility to maintain all documentation).
Please attach documentation to support the continuing education hours you have listed.

Course Name	Dates Attended Month/Day/Year	Hours Earned

Do Not Write Below This Line--For Board and Office Use Only

Date Processed _____ Total CE Hours Approved _____

P.V. No. _____ Verified By _____

REINSTATEMENT REVIEW - FOR BOARD MEMBER USE ONLY

Application Approved by: _____ Date: _____

Application Denied by: _____ Date: _____

Resubmitted for review: Approved: [] Denied: [] By: _____

Date: _____

Comments: _____

